

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION  
Joint Meeting with the  
IOWA MENTAL HEALTH PLANNING AND ADVISORY COUNCIL  
October 15, 2015, 9:30 am to 3:00 pm  
ChildServe, Training Center  
5406 Merle Hay Road, Johnston, IA  
MEETING MINUTES

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**MHDS COMMISSION MEMBERS PRESENT**

Thomas Bouska  
Thomas Broeker  
Jody Eaton  
Marsha Edgington (phone)  
Kathryn Johnson  
Betty King  
Sharon Lambert  
Geoffrey Lauer

Brett McLain  
John Parmeter  
Rebecca Peterson  
Michael Polich  
Patrick Schmitz  
Rebecca Schmitz (phone)  
Marilyn Seeman  
Jennifer Sheehan

**MHDS COMMISSION MEMBERS ABSENT**

Senator Mark Costello  
Richard Crouch  
Lynn Grobe

Representative Dave Heaton  
Representative Lisa Heddens  
Senator Liz Mathis

**MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT**

Teresa Bomhoff  
Ken Briggs, Jr.  
Jim Chesnik (phone)  
Jim Cornick  
Jim Donoghue  
Kathleen Goines  
Kris Graves  
Julie Kalambokidis (phone)  
Gary Keller  
Sharon Lambert

Tammy Nyden  
Brad Richardson  
James Rixner (phone)  
Anne Ruggle  
Lee Ann Russo  
Christina Schark  
Dennis Sharp  
Rhonda Shouse (phone)  
Jennifer Vitko  
Kimberly Wilson

**MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT**

Jackie Dieckmann  
Julie Hartman  
Anna Killpack  
Todd Lange  
Amber Lewis

Craig Matzke  
Lori Reynolds  
Donna Richard-Langer  
Kathy Stone  
DJ Swope

## **OTHER ATTENDEES:**

Kris Bell	Iowa Senate Democrat Caucus Staff
Diane Brecht	Penn Center
Cody Brickman	Full Circle
Dan Endreson	Multiple Sclerosis Society
Jim Friberg	Department of Inspections and Appeals
Gayla Harken	Iowa Association of Community Providers
Melissa Havig	Magellan Health
Rachele Hjelmaas	Legislative Services Agency
Julie Jetter	DHS, Bureau of Community Services and Planning
Kathy Lerma	County Rural Offices of Social Services
Caitlin Owens	University of Iowa Center for Disabilities and Development
Kay Marcel	Parent
Peter Schumacher	MHDS, Community Services & Planning/CDD
Rick Shults	DHS, MHDS Division Administrator
Ruth Thompson	Iowa Department on Aging

### **Welcome and Call to Order**

Patrick Schmitz called the meeting to order at 9:37 a.m. and led introductions. Quorum was established with thirteen members present and two participating by phone. No conflicts of interest were identified for this meeting. Patrick welcomed the members of the Mental Health Planning and Advisory Council, and along with MHPC Chair Teresa Bomhoff, let introductions.

### **Approval of Minutes**

John Parmeter mentioned that the minutes list him as attending when he was not able to attend. Geoff Lauer made a motion to approve the minutes of the September 17 meeting as corrected. Tom Broeker seconded the motion. The motion passed unanimously.

### **County Rural Offices of Social Services Policy and Procedure Manual – by Kathy Lerma and Julie Jetter**

Julie Jetter explained that Marion and Mahaska Counties had provisional approval to operate as a two-county region for one year, with an option for a second year of provisional approval from the Department of Human Services (DHS). The Department did not award a second year of eligibility to the region, and they were asked to submit a plan for joining other regions by August 1, 2015, and that they were to be fully incorporated into the new regions by November 1, 2015. The County Rural Offices of Social Services (CROSS) has agreed to accept Marion County into their region, and has updated their Policy and Procedure Manual to reflect that change.

Julie introduced Kathy Lerma, who is the CEO of the CROSS region. CROSS is composed of Clarke, Lucas, Monroe, Ringgold, Decatur, and Wayne counties. They have agreed to add Marion County.

Sharon Lambert asked if this would mean Iowa would have fourteen MHDS regions instead of fifteen. Julie answered that there would be fourteen regions as of November 1, 2015.

Geoff Lauer asked if there would be any changes to the Marion or Mahaska county services. Julie answered that there would be no deletions. Both counties would be joining regions with broader service arrays than they had before.

Patrick Schmitz asked if negotiating the financial arrangements was a simple process. Kathy Lerma answered that for her region, it was as they have a mix of county funds and pooled regional funds.

Patrick Schmitz asked if Marion County will have representation on the governance board, or if they would contribute to regional staff. Kathy answered that Marion County will have representation on the governance board, but their MHDS region does not have any dedicated regional staff. Instead there are county employees with regional responsibilities.

Tom Bouska moved to recommend accepting the changes to the CROSS Policy and Procedure Manual. Brett McLain seconded the motion. The motion passed unanimously.

#### **South Central Behavioral Health Policy and Procedure Manual – by Jennifer Vitko and Julie Jetter**

Julie Jetter explained that the South Central Behavioral Health region, which currently consists of Wapello, Davis, and Appanoose Counties, has agreed to add Mahaska County.

Geoff Lauer asked if there will be any reduction in services to Mahaska County. Jennifer Vitko answered that there will be no reductions, and South Central Behavioral Health (SCBH) is planning to add some services to Mahaska County that are currently offered in the other three counties in the region. Geoff asked if this region serves individuals with brain injury and developmental disabilities. Jennifer answered that they serve both groups.

Betty King asked if SCBH has any peer-to-peer services. Jennifer Vitko answered that there are several programs in the region that provide peer support in addition to the University of Iowa Peer Support Specialist Program. Julie Jetter added that previously, Marion and Mahaska Counties were not able to fully implement peer support services as a two-county region. Joining other regions will increase the array of services available to these counties.

Jennifer Vitko said that core services are paid for with pooled funds in a regional account. There will be Mahaska County representation on the regional board, but all staffing is done by county employees rather than dedicated regional staff.

Geoff Lauer asked if SCBH provided services to individuals with developmental disabilities and brain injury. Jennifer answered that they did.

Geoff Lauer made a motion to approve the changes to the Policy and Procedure Manual. Brett McLain seconded the motion. The motion passed unanimously.

## **Crisis Stabilization Services – by Julie Jetter and Rick Shults**

Julie Jetter said that currently there are fifty-seven crisis beds across the state, and there will be approximately ninety by the end of the year.

Sharon Lambert asked if there were crisis stabilization beds in each MHDS Region. Rick Shults answered that there weren't. There are some crisis services in each region, but residential crisis services are not required. Many regions have implemented more comprehensive crisis response services. Right now DHS is developing a dashboard to show what kinds of services are being offered across the regions and how they compare.

Kathy Johnson asked how many agencies had applied to be accredited for crisis services. Rick said that this is the challenge that led to the Commission requesting this presentation. DHS developed crisis stabilization rules to cover an array of crisis services from warm lines to crisis residential services.

Sharon Lambert asked how many regions are utilizing warm lines. Julie Jetter answered that MHDS of East Central Region is the only region currently using a warm line.

Betty King asked if there's been an increase in hospitalizations during the winter months. Rick answered that the services have not been in place long enough to know, but DHS is working with regions to figure out how to gather utilization information.

Sharon Lambert asked if there is anyone from DHS assisting regions to develop services. Rick answered that DHS will help if asked, but region as a whole are working together to develop services and building from each other's successes. Jody Eaton added that regions meet monthly and work collaboratively on many things. Sharon asked if there's a place where consumers can make suggestions to the regions. Rick answered that DHS has contact information for MHDS regional CEOs, and that he hopes that a regional dashboard could be a resource for the public as well. Patrick Schmitz added that meetings of the MHDS Commission and regional advisory boards are all public, and consumers are welcome to come and give input directly at those meetings.

Rick said that crisis services are being developed. In working with the Commission, DHS developed rules to set minimum standards and expectations for an array of crisis services.

Jen Sheehan asked about the status of subacute crisis beds in the state. Rick answered that in the last legislative session; a law was passed that said there would be seventy-five subacute beds distributed throughout the state. DHS was instructed to determine how the beds would be distributed geographically.

Diane Brecht from Penn Center Care Facility spoke about her experience as a provider of crisis services. Penn Center had been providing crisis stabilization services in Linn County before regionalization, and now they are region-wide. Diane said they have been successful with hospital diversion and treating individuals at a level lower than inpatient hospitalization.

Diane said the main challenge her agency has had is with the requirements for staff qualifications. Currently the rule reads as follows:

441—24.24(225C) *Standards for crisis response staff.* All crisis response staff shall meet the qualifications described in this rule. Additional staff requirements are described in each service.

24.24(1) *Performance benchmark.* Qualified crisis response staff provide crisis response services.

24.24(2) Performance indicators.

a. One or more of the following qualifications are met:

(1) A mental health professional as defined in Iowa Code section 228.1.

(2) A bachelor's degree with 30 semester hours or equivalent in a human services field (including, but not limited to, psychology, social work, mental health counseling, marriage and family therapy, nursing, education) and at least one year of experience in behavioral or mental health services. IAC 9/30/15 Human Services[441] Ch 24, p.25

(3) A law enforcement officer trained in crisis intervention including, but not limited to, mental health first aid and mental health in-service training.

(4) An emergency medical technician (EMT) trained in crisis intervention including, but not limited to, mental health first aid.

(5) A peer support specialist with a minimum certification of mental health first aid.

(6) A family support peer specialist with a minimum certification of mental health first aid.

(7) A registered nurse with two years of mental or behavioral health experience.

b. Documentation in staff records to verify satisfactory completion of department-approved training including:

(1) A minimum of 30 hours of department-approved crisis intervention and training.

(2) A post training assessment of competency is completed.

Diane expressed concern with 24.24(2)(a)(2). She said they are supportive of many of the requirements laid out in this rule, but has difficulty hiring direct care workers with bachelor's degrees and a year of experience to fill shifts twenty-four hours a day. She has staff who do not have a bachelor's degree, but have an associate's degree and experience working in mental health, long term care for individuals with mental health needs, or crisis response. These direct care staff would be ensuring that individuals are getting their general needs such as transportation to appointments, staying connected with the community, and having clean clothing. Penn Center has mental health professional staff who will see to individuals' mental health needs like assessment and counseling.

Diane said she is very supportive of the rules and understands that a lot of work went into their development, but she and other providers have found this requirement to be a barrier to accreditation. She said she would like to see some type of compromise for certain levels of staffing such as allowing the hiring of individuals who do not have a bachelor's degree but require them to go through a certain curriculum in order to satisfy the standard.

Sharon Lambert asked what kind of training Diane would recommend. Diane answered that there have been discussions with the Iowa Association of Community Providers (IACP) about developing a curriculum that could be accessed through the college of direct support for free. This could be a standardized program for all crisis response programs.

Rebecca Peterson said that the Commission committee that helped in the development of the rules tried to be very broad. The committee did not consider separate requirements for different levels of providers, but wrote rules for one group.

Geoff Lauer asked if it was difficult to hire direct care staff to fill the night shift or for all shifts. Diane answered that they have trouble hiring for all shifts. Her center operates twenty-four hours a day and seven days a week, and she said it is difficult to find people who are willing to work night or weekend hours for an extended period of time.

John Parmeter asked if there was a way to divide the crisis response staff requirements to allow for two levels. Diane said every agency works in a different way, and that a bachelor's degree is preferred, but she would like to see a requirement for a standard curriculum in lieu of a bachelor's degree. She said she did not know that her plan would work for everyone.

Kathy Johnson said there is a workforce shortage across the board in the state and that providers are faced with operating without accreditation or trying to find a modification to the rules to allow them to fill these positions in a way that would be acceptable.

Geoff Lauer asked if the Commission committee that helped develop these rules to come back together and examine them. Geoff also asked if there was a way to reconsider them, and how that process would be initiated. Patrick said he did not know how that would be initiated. Rick Shults said he thought it would be a good idea to reconvene the committee to re-examine the rules and consider the statements made today. Rick said that the division would take responsibility to walk rules through the process and support the subcommittee's work.

John Parmeter noted that there was a focus on training and not so much on years of experience. John asked if the Commission tried to amend a rule to get away from educational requirements and focus on experience and training instead, would that address the problem. Diane answered that she would like to see experience as well as training as focus for the rules, but that she was not sure if that would put another barrier in place.

Kathy Stone asked if the Medicaid Managed Care Organizations (MCOs) would access Iowa's definition of Assertive Community Treatment (ACT). Rick said that MCOs will start with the state's licensing, and they may ask for other criteria, but the state's licensing criteria will be a foundational element. Patrick Schmitz said that it is important for providers to be accredited because Medicaid would be a major source of funding, but they will not pay providers who are not accredited.

Patrick said that he seemed there seemed to be interest in reconvening the committee that helped develop the rules to examine the possibility of making changes.

### **Home Modification Assistance Program – by Geoff Lauer**

Geoff said that Senate File 505 Division XXVIII directed the Commission and the Aging and Disability Resource Centers (ADRCs) to develop a plan for a program that would provide grants and tax credits to individuals with disabilities so they can make permanent modifications to their homes and allow people to live safely in their homes rather than moving into nursing care. Geoff Lauer and Mike Isaacson from the Northeast Iowa Area Agency on Aging have been meeting to develop this plan.

The legislation stated that the plan should provide grants to individuals and families whose income is below 250% of the Federal Poverty Level (FPL), and tax credits to individuals and families whose income is greater than 250% of FPL, but do not exceed 450% of FPL.

The legislation directed the groups to lay out how to determine eligibility, which modifications would be covered, and the application process.

The group came to a consensus that an individual would need to have a disability certified either by Medicaid, the Social Security Administration, or have a letter from a physician (Medical Doctor or Doctor of Osteopathy). The list of modifications the group is considering was taken from Minnesota, which has a similar program. Each case will be reviewed individually, so a modification that is not on the list is not necessarily ineligible. Grants and tax credits will be made available on a first come first serve basis, and individuals may apply for a grant or tax credit every year provided the grant is for a new modification. Tax credits for individuals with lower tax liability can be carried forward up to seven years so they can realize more of the benefit.

Rebecca Peterson asked where the funding would come from. Geoff answered that the grant money would come from the Iowa General Fund.

Patrick Schmitz asked if the groups have considered local and municipal building code compliance. Geoff answered that they are aware of those concerns and are working on how to handle those requirements.

Rebecca Peterson asked what options are available for people currently. Geoff answered that there are local programs, but nothing statewide. There is a federal program, but that program's rules are not as flexible, and Iowa Vocational Rehabilitation Services has a program as well that is funded 80% by federal dollars and 20% by state dollars for home or vehicle modifications.

The current draft of the plan required a physician's certification of an individual's disability. Patrick Schmitz asked if they had considered Advanced Registered Nurse Practitioners (ARNPs) as lowans in some rural areas may not have access to a physician.

### **Legislative Committee Report – by Geoff Lauer**

Geoff Lauer referred to a draft of the Recommended Changes to Iowa Law section of the 2015 Annual Report by the Commission. Recommendations that had been discussed by the Committee were stable and predictable funding for MHDS regions, adequately and well-trained mental health workforce, and robust and formal oversight of the Iowa Medicaid Program in its transition to IA Health Link.

Patrick Schmitz asked how this would differ from other Medicaid oversight bodies. Geoff answered that the intent was not to establish another oversight body, but to inform the legislature of the Commission's interest in robust oversight of the four private managed care organizations (MCOs). Rick Shults recommended that the Commission focus on "the what" of the recommendation, and not on "the how" or how the recommendation is

implemented. Tom Bouska suggested using the phrase “ensure robust oversight” instead of referencing an oversight body.

### **Public Comment**

Teresa Bomhoff asked if the Center for Medicare and Medicaid Services (CMS) had approved Iowa’s managed care waivers. Rick Shults answered that CMS has Iowa’s waiver applications and are reviewing them, but DHS has not received approval yet.

Teresa Bomhoff said that Rhonda Shouse has been having trouble participating in the public meetings about the shift to IA Health Link. Teresa said Rhonda has had trouble getting accurate information and transportation to the meetings. Kay Marcel said her son had been getting information from his direct care coordinators.

The meeting took a break for lunch at 12:00 pm

The meeting resumed at 1:00 pm

Patrick Schmitz and Teresa Bomhoff welcomed the MHDS Commission and the Mental Health Planning and Advisory Council, and led introductions.

### **DHS/MHDS Update – by Rick Shults**

Rick said that DHS has been awarded nearly \$1 million in a planning grant for the Certified Community Behavioral Health Clinics program. Iowa is one of twenty-four states to be awarded a planning grant, and has a chance to be one of eight states to be awarded a demonstration grant next October. This is a joint grant between the Substance Abuse and Mental Health Services Administration (SAMHSA) and CMS. This program will help ensure there are no gaps in health services. Iowa will need to accredit and certify at least two providers who can operate as certified community behavioral health clinics (CCBHCs). The Commission and the Planning Council will be hearing more about this project in the near future through regular DHS updates.

Teresa Bomhoff asked if community mental health centers (CMHCs) and Federally Qualified Health Centers (FQHCs) are qualified to be CCBHCs. Rick answered that they can, and that they will be partners.

Tammy Nyden asked if CCBHCs would provide services to children as well as adults. Rick answered that they would.

Jennifer Sheehan asked how many providers would be accredited. Rick answered that DHS has not decided on a number yet. There must be at least two, and while there is no upper limit on the number of providers, there is a finite amount of money in the grant.

Rick spoke about the Children’s Mental Health and Well-Being Workgroup. The workgroup is addressing what types of services should be available for children with a mental health needs, as well as how various parts of children’s systems should work together such as



child welfare, the court system, education, etc. The workgroup started with crisis services as it was specifically addressed in legislation. Rick said the workgroup has made a lot of progress in defining the services, and will be working to describe how those services are governed, and from where the funding of those services will come.

Tammy Nyden said that the workgroup is looking at other states and the crisis services they offer for children. States like Minnesota and programs in Texas are serving as models for what might be developed in Iowa.

Sharon Lambert asked who was serving on the workgroup. Rick answered that there is a list of members on the webpage, which can be found at <https://dhs.iowa.gov/mhds-advisory-groups/childrens-mental-health-well-being-workgroup>.

Rick spoke about the second subcommittee of the Children's Mental Health and Well-Being Workgroup, which is looking at how the various parts of the children's service system interact. The groups coordinate their efforts at the beginning and the end of every meeting, and have a report due on December 15, 2015. Rick noted that the October 29<sup>th</sup> meeting had been canceled due to a conflicting event, and that the next full meeting will be on November 12.

Rick spoke about the state's inpatient psychiatric bed tracking system, which is called CareMatch. This is a web-based system where care providers, regional staff, law enforcement, and hospitals can search for inpatient beds for individuals who need them. Every hospital that has an inpatient psychiatric program in Iowa is now participating.

Rhonda Shouse asked how often the hospitals are updating their information. Rick answered that while the program is mandatory, he set a goal for every hospital to update their availability at every shift-change, which would be three times a day. Rick said that not many hospitals are meeting that high standard right now, but he said approximately two thirds of the hospitals had updated their information within the last day. DHS will be working with hospitals to increase the frequency of these updates to make sure that the most accurate information is on the CareMatch system.

Ken Briggs asked if they had considered adding beds at the Veterans Administration Hospitals to the CareMatch system. Rick said that DHS could speak to them and see if it would be possible to add them.

Rhonda Shouse asked if individuals are being turned away due to the severity of their need. Rick answered that in the cases where individuals are turned away; DHS is asking why and paying attention to the causes.

Jim Cornick asked how many inpatient psychiatric beds are in the state, and how many are available at the moment. Rick answered that there are approximately 700 beds total, and as of that morning, there were sixty-five available.

Rick said DHS is currently working with a workgroup to develop rules on mental health advocates. There are five members of the Commission and a member of the Planning

Council sitting on this workgroup. The rules should be ready to be considered for notice at the Commission's December 3 meeting.

Tom Broeker asked about the hiring or contracting with advocates. Tom said that he believed it was unclear whether or not his region would have to update its management plan in order to hire or contract with an advocate. Tom asked for some clarification on the code.

There was discussion on the mental health advocates' caseloads and employment arrangements.

Tom Broeker asked about a letter from Magellan in which they have made changes to processing to accommodate the end of their contract with DHS. Tom expressed concern that there may be individuals whose eligibility runs out in November, but will not be able to until January, 2016 due to the new processing deadlines from Magellan. Tom read a letter from the Southeast Iowa Link Region to DHS requesting guidance on how to connect individuals with Medicaid services in the time between the processing deadlines and January 1, 2016. Rick said he wanted to stress that Magellan will not stop paying claims, and that DHS is working with Magellan on the transition plan, and will get information out on how to handle this transition to regions and providers very soon.

There was discussion about the transition to IA Health Link. There was a question on how many providers had signed contracts with MCOs. Rick did not know off the top of his head, but MCOs are required to offer contracts to all current Medicaid providers, and would be able to pay providers for services even if that provider was not in their network.

Kathy Johnson asked when authorization information will be shared with MCOs to ensure the continuation of care. Rick answered that the people involved in data exchange are meeting, but since MCOs will only receive information for their own members, the information will go through after December 17 when members will have their MCOs determined for January 1. Rick said that they will be testing and preparing for the exchange to make sure that when it happens, they know it will be smooth.

Teresa Bomhoff expressed concern that Medicaid members have not received any information about the MCOs that would help them decide which to join. Anne Ruggle answered that they will be sending out enrollment packets soon.

Rhonda Shouse expressed concern with the speed at which Iowa was implementing IA Health Link and spoke about her difficulty accessing public stakeholder meetings on the transition to IA Health Link. Rhonda asked if CMS had approved Iowa's waiver applications. Rick answered that CMS is reviewing the applications, but have not notified Iowa of their approval yet. Rhonda asked if the letters are still being sent out on October 23. Rick answered that yes. Rhonda asked if the call centers will be able to handle the expected call volume. Rick answered that they are working on increasing staffing in preparation. Rhonda asked how many IME employees will lose their jobs in the transition to IA Health Link. Rick answered that IME only has approximately forty employees

currently, and the rest are contractors. The contracts with IME are being discussed currently.

Rhonda Shouse expressed concern with the contracting and credentialing of providers by the MCOs. Rick answered that not all providers will be able to sign on with all the MCOs they would like to in time and this is why members will be able to change MCOs for any reason until March, 2016. Teresa Bomhoff said she would prefer to see some central credentialing for Medicaid providers in Iowa.

Due to the meeting running late, the Commission and the Planning Council agreed to coordinate their legislative priorities in a conference call rather than extend the meeting.

**Public Comment**

No public comment was offered at this time.

The meeting was adjourned at 2:50 pm.

Minutes respectfully submitted by Peter Schumacher.